













Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted: 04/02/26

Month: January Year: 2026



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

- Claim Reminders:  
**\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
  - For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
  - Expense claims must be submitted within two (2) weeks and no later than thirty (30) days after the expense is incurred.
  - Incomplete expense claims will not be processed
  - Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
  - Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$ 2,697.11
Less: BMO MasterCard	-\$ 1,986.15
Less: Expenses Paid	\$ -
Net to be paid to: Mayor Olivieri	\$ 710.96



Council Member Monthly Expense Claim Form

Select From List
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Name: Mayor Olivieri

Date Submitted: 04/02/26

Month: January Year: 2026

9. Separate reimbursement claims must be submitted for each month in which expenses are incurred. All expenses from the same month must be included on a single expense claim.

Authorizations & Approvals Mayor Olivieri January 2026

**Preparer**  
 If claim form was prepared by an individual other than the Council Member, sign and date below  
 This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

*[Signature]* 02/04/2026  
 Preparer's Signature Date (DD/MM/YY)

**Council Member**  
 I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

*[Signature]* 02/06/2026  
 Scott Olivieri (Feb 6, 2026 11:08:40 MST)  
 Council Member's Signature Date (DD/MM/YY)

**Accounts Payable**  
 I have reviewed this claim for mathematical accuracy and documentation support.

*[Signature]* 02/09/2026  
 Justine Ongkiko (Feb 9, 2026 08:28:30 MST)  
 Accounts Payable Personnel Signature Date (DD/MM/YY)

**Director - Financial & Strategic Services**  
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]* 02/09/2026  
 Anne Victor (Feb 9, 2026 11:46:42 MST)  
 Director - Financial & Strategic Services Signature Date (DD/MM/YY)

**Chief Administrative Officer (City Manager)**  
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]* 02/10/2026  
 William Foster (Feb 10, 2026 09:34:33 MST)  
 City Manager Signature Date (DD/MM/YY)













Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted 02/03/26

Month February Year 2026



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
02/02/26	NexGen Grafix - Artwork Printing for Mayor's office						88.20	88.20
18/02/26	Ozone Advisory Group Inc - Just For Chair's Registration (as per Council Motion)					4,515.00		4,515.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 4,603.20

**Claim Reminders:**  
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Grand Total Expenses	\$ 6,704.06
Less: BMO MasterCard	-\$ 1,538.61
Less: Expenses Paid	-\$ 4,603.20
Net to be paid to: Mayor Olivieri	<u>\$ 562.25</u>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted: 02/03/26


Month: February Year: 2026

9. Separate reimbursement claims must be submitted for each month in which expenses are incurred. All expenses from the same month must be included on a single expense claim.


Authorizations & Approvals

Mayor Olivieri February 2026


**Preparer**  
 If claim form was prepared by an individual other than the Council Member, sign and date below  
 This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

 \_\_\_\_\_ **03/02/2026**  
 Preparer's Signature Date (DD/MM/YY)

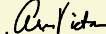
**Council Member**  
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 \_\_\_\_\_ **03/04/2026**  
 Scott Olivieri (Mar 4, 2026 15:04:35 MST)  
 Council Member's Signature Date (DD/MM/YY)


**Accounts Payable**  
 I have reviewed this claim for mathematical accuracy and documentation support.

 \_\_\_\_\_ **03/04/2026**  
 Justine Ongkiko (Mar 4, 2026 15:57:12 MST)  
 Accounts Payable Personnel Signature Date (DD/MM/YY)

**Director - Financial & Strategic Services**  
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

 \_\_\_\_\_ **03/04/2026**  
 Anne VanLoor (Mar 4, 2026 16:00:01 MST)  
 Director - Financial & Strategic Services Signature Date (DD/MM/YY)

**Chief Administrative Officer (City Manager)**  
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

 \_\_\_\_\_ **03/04/2026**  
 William Fletcher (Mar 4, 2026 16:01:44 MST)  
 City Manager Signature Date (DD/MM/YY)











Council Member Monthly Expense Claim Form

V. January 2026

Select From List  
Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted: 01/04/26

Month: March Year: 2026

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						

Sub-Total \$ -

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
17/03/26	State of the City of Leduc Luncheon registration					57.75		57.75
19/03/26	Espresso pods & clock - Amazon						35.32	35.32
21/03/26	Espresso pods - Nespresso						38.00	38.00
27/03/26	State of the City Fort Saskatchewan Luncheon registration					73.50		73.50
								-
								-
								-
								-
								-
								-

Sub-Total \$ 204.57



Council Member Monthly Expense Claim Form

V. January 2026

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Name: Mayor Olivieri

Date Submitted 01/04/26

Month March Year 2026



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted: 01/04/26 Month: March Year: 2026

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
24/03/26	Business card printing (Riteys Enterprise Solutions)						61.48	61.48
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 61.48

- Claim Reminders:**  
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Grand Total Expenses	\$ 1,025.78
Less: BMO MasterCard	-\$ 204.57
Less: Expenses Paid	-\$ 61.48
Net to be paid to: Mayor Olivieri	\$ 759.73



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Mayor Olivieri

Date Submitted: 01/04/26

Month: March Year: 2026

9. Separate reimbursement claims must be submitted for each month in which expenses are incurred. All expenses from the same month must be included on a single expense claim.

Authorizations & Approvals

Mayor Olivieri

March

2026

Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below. This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

*[Signature]*

04/01/2026

Preparer's Signature

Date (DD/MM/YY)

Council Member

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*[Signature]*

04/09/2026

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

I have reviewed this claim for mathematical accuracy and documentation support.

*[Signature]*

04/09/2026

Accounts Payable Personnel Signature

Date (DD/MM/YY)

Director - Financial & Strategic Services

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]*

04/10/2026

Director - Financial & Strategic Services Signature

Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]*

04/13/2026

City Manager Signature

Date (DD/MM/YY)